FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)		Office was sub-	
1. NAME OF COMMITTEE (in	(Check if na is changed)	me Example: If typying, type over the lines	Office use only 12FE4M5
Friends of Co	rriņe Brown		
ADDRESS (number and	street)		
X (Check if addr	ess		
is changed)	Laurel		MD 20724 - 111
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA Ronsimmon@			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 3017763663	NUMBER		
2. DATE 0.3			
3. FEC IDENTIFICA	ATION NUMBER	C C00272732	
4. IS THIS STATEM	MENT X NEW (N)	OR AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of	my knowledge and belief it is true, correc	t and complete
Type or Print Name of	Treasurer Gloria Sim	mons	
Signature of Treasurer	. Electronically Filed by Glor	ia Simmons	Date 03 / 19 / Y Y Y Y Y
NOTE: Submission of fa		tion may subject the person signing this S	Statement to the penalties of 2 U.S.C. S437g.
Office Use Only		For further informati Federal Election Com Toll Free 800-424-953	mission FEC FORM 1